

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

54 FEB 24 1932

# MISSOURI STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH

Do not use this space.

1395

## 1. PLACE OF DEATH

County Edickson

Registration District No. 401

Township Van Buren

Primary Registration District No. 5556

City Edickson (No. 10)

File No. 1395

Registered No. 1395

St. Edickson Ward 1

## 2. FULL NAME

(a) Residence, No. John W. Pinn

St. Edickson Ward 1

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF May Pinn

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 14 - 1877

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 55 2 21

## 8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Farmer (b) General nature of industry, business, or establishment in which employed (or employer). 92A 1115 (c) Name of employer

## 9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Indiana 2

PARENTS

10. NAME OF FATHER Nathan Pinn

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Reun (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Miller

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Reun (STATE OR COUNTRY)

## 14.

INFORMANT Mrs John Pinn (Address) 224 N. 1st St. Edickson

## 15.

FILED Jan 10 1932 Mrs Carl Hays REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 5 1932

17. I HEREBY CERTIFY, That I attended deceased from Jan 5, 1932, to Jan 5, 1932, that I last saw him alive on Jan 5, 1932, and that death occurred, on the date stated above, at 2:10 P. m.

## THE CAUSE OF DEATH WAS AS FOLLOWS:

Acute Regurgitation & Mitral Stenosis  
accompanied by terminal Pneumonia  
12 days. (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

(duration) yrs. mos. ds.

## 18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY? 1

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) J. C. Stader, M. D.

, 19 32 (Address) Grain Valley

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

## 19. PLACE OF BURIAL, CREMATION, OR REMOVAL

## DATE OF BURIAL

Koger Cemetery

15 10 32

## 20. UNDERTAKER

## ADDRESS

Edickson

Blue Springs Mo

